



Special Deferral from Accumulated Annual Leave Payment

457(b) Plan

Complete this form with your agency's SoonerSave Coordinator to request special SoonerSave deferrals from accumulated annual leave payments. Total payroll and annual leave deferrals cannot exceed IRS annual limits. Search 'contribution limits' at www.irs.gov to view current limits.

Participant Information

_____ Social Security number	_____ Last name	_____ First name	_____ M.I.
(_____)_____ Work phone	(_____)_____ Home/cell phone	_____ Email address	

Deferral from Annual Leave Amount

SoonerSave does not have access to annual leave information, so we are unable to calculate your annual leave payout amount. Please contact your agency's SoonerSave Coordinator for assistance.

- I would like to defer all my unused annual leave (up to the lesser of 480 hours or agency limit).
- I would like to defer _____ hours of unused annual leave.

Deferral Amount Requested: \$ _____ **Date Leave to be Paid:** _____
Month Year

Participant Signature

I agree to a total SoonerSave deferral from my accumulated annual leave payroll in the amount above as calculated by my agency's SoonerSave Coordinator.

_____ Participant signature (Electronic signatures not accepted)	_____ Date
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SoonerSave Coordinator Signature

Please ensure the amount requested above, combined with all SoonerSave deferrals for the calendar year, will not cause the member to exceed the IRS contribution limits for the current year.

_____ Agency name	_____ Agency number
_____ Coordinator signature (Electronic signatures not accepted)	_____ Date